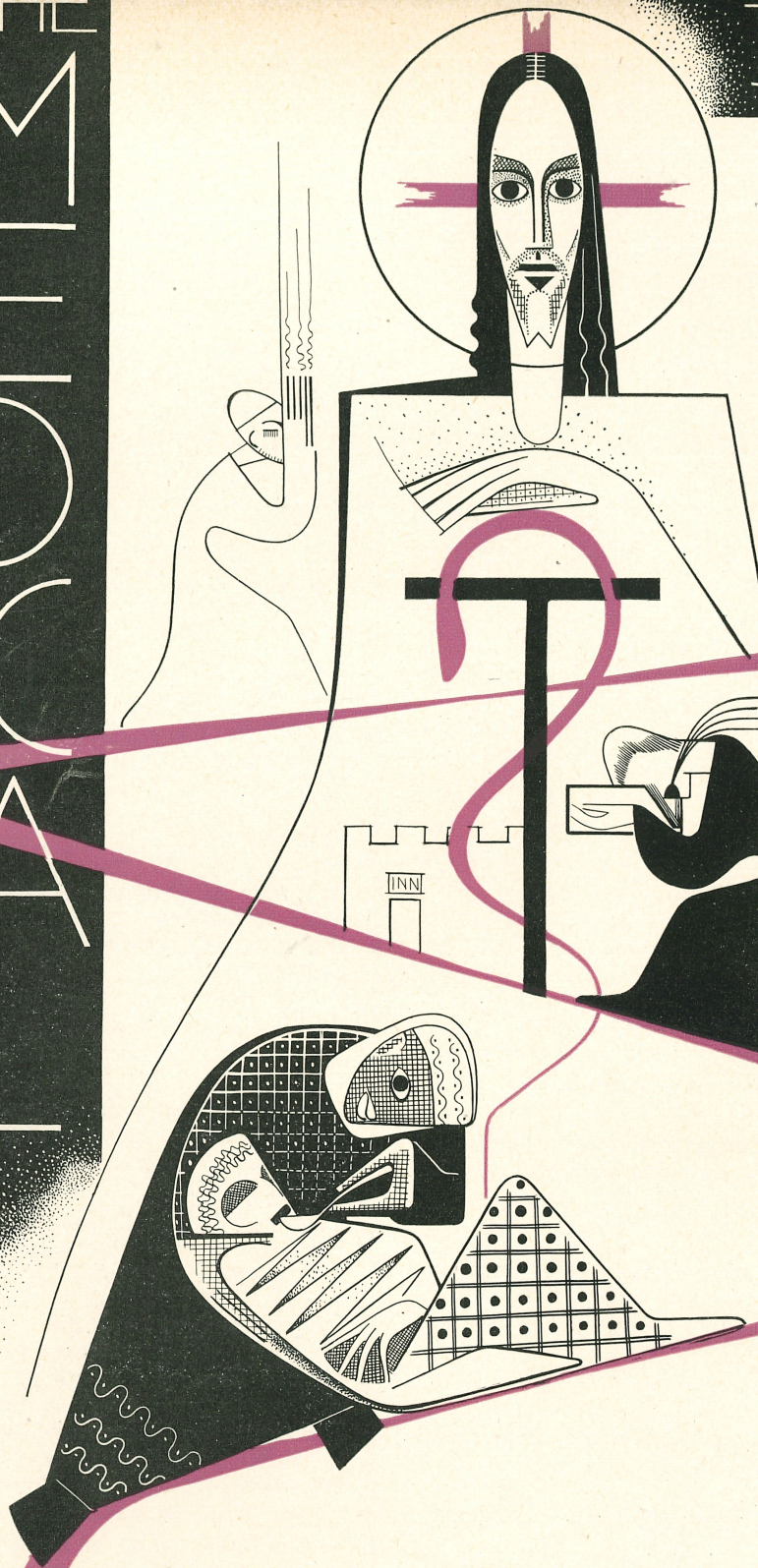
# THE MEDICAL MISSIONARY

JERUSALEM




JERICHO

Vol. XIX, No. 3 March, 1945

# IN THIS ISSUE:

ONCE AGAIN—VOCATIONS ..... 35

LEPROSARIUM AT CARRVILLE ..... 36
By Sister M. Barbara Taggart, S.C.M.M., M.D.

"THANK YOU"—ASSORTED ..... 38
By Sister Ignatius Marie, S.C.M.M.

WEALTH OF AFRICA ..... 39
By Sister M. Francis, S.C.M.M.

THE MISSION CLIPPER ..... 43

THE MISSION INTENTION ..... 44
*The Arabic nations whence Mohammedanism arose*

BOOK REVIEW ..... 45

AT HOME AND ABROAD ..... 46

# ACROSS THE PAGES . . .

**LEPROSARIUM AT CARRVILLE"**—is an account of Sister M. Barbara's visit to the leper hospital there. Sister brings out many points concerning the disease that are not generally known.

**"YES, THESE PEOPLE ARE GRATEFUL**—and they express it in their own way." A very gracious way it is too—as we are told by Sister Ignatius Marie of Holy Family Hospital in Patna.

**"WEALTH OF AFRICA"**—means human wealth. The future development of this continent depends to a large extent on the health and well being of her youth. Sister M. Francis presents the case for the African child.

## YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

*"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."*

THE
MEDICAL MISSIONARY
8400 Pine Road
PHILADELPHIA, PA.
Member of the Catholic Press Association
SISTER M. LOYOLA, S.C.M.M.
Editor
Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia 11, Pa., in the interest of Medical Missions and Women of the Orient.
SUBSCRIPTION
$1 per year; $5 for 6 years
Entered as second class matter, September 11, 1928, at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

**The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.**

**The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.**

**The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.**

**Medical Mission Centers conducted by the Society in India and the United States are:**

**Holy Family Hospital, Rawalpindi, India**
**Holy Family Hospital, Patna, India**
**Mitford Muncipal Hospital, Dacca, Bengal, India**
**The Santa Fe Catholic Maternity Inst., Santa Fe, N.M.**
**The Catholic Colored Clinic, Atlanta, Georgia.**

**It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.**

**For further information apply to:**
**Sister Superior**
**MEDICAL MISSION HOUSE**
**8400 Pine Road, Fox Chase**
**Philadelphia 11, Pa.**

# Once Again - - - Vocations

It is March and everyone is talking and writing about vocations. Why March should be called "vocation month," as though vocations are offered at bargain prices in March in preference to any other month of the year, I do not know. But the fact remains, it is.

And all this talk about vocations is good. After all, the work must be presented; needs must be told; else, how will others know of them, how will they be met? Perhaps it was a magazine article, or a chance meeting with a missionary priest or sister, or a leaflet or circular that first brought a certain work to our attention. I believe it has happened thus with most of us. And that is why, especially at the present moment when the impetus towards the religious life seems to have reached a low ebb, we appreciate the efforts of those who are trying to bring the religious vocation to the fore.

This talk about vocations, we say again, is good, very good. But with it all there is a danger, a tendency in all our speaking and writing of being somewhat one-sided, of thinking or at least seeming to think, esoterically, as though vocation meant only one vocation—that of the religious life.

The penny catechism, so it has always seemed to me, is quite explicit about this matter of vocation. Every life, we are told, is meant to be given, to be consecrated to God—"to know, love and serve Him in this world and to be united with Him forever in the next."

There are no departments here, no fences separating your field from my field; it is for everyone. "God made me. . ." so I learned, and I was but a toddler. What could I know of religious life or married life or any other way of life? But God, through His Church, saw fit to tell me, as He has told and does tell and will tell every human being that He has ever created and ever will create, what my vocation, or rather, what **our** vocation is . . . to know, love and serve Him in this world and eventually to people heaven as His saints.

It is our vocation, yes, **our** vocation—one vocation fulfilled, not as isolated individuals, isolated specks of human dust, but as living members of the Son of God. Together, we reach God, in and through and with His Son. "Of His fullness we have all received . . ." The Word-Made-Flesh embraces the whole of mankind, pervades it with Himself. "Christ in us"—that is our vocation, lived it is true, in a definite place, in a definite sphere of service, according to the talents which God has given us, the desires with which He inspires us, the circumstances in which He has placed us—but always and in all, the one life, the Christ-life!

**The Christian, if he does honor to the name he bears, is always an apostle. —Pope Pius XII.**

I see you, the mothers and fathers of human families, as those members of Christ to whom is given the task of fostering the organic growth of the Mystical Body of the Son. Through you, cooperating with the creative act of God, new cells are added to that Body, new children of God, by whom He will be loved and glorified for all Eternity. Your life is indeed, in the words of St. Paul, the "great sacrament," being in its very essence and first of all the prolongation of the physical, organic union between Christ and the Church in time and space.

And you, looking at us, the religious, as fellow-members in Christ, how do you see our life? Not as something unusual, an odd sort of life fashioned to suit the pietistical vagaries of a few queer people, but as an expression, yet in another way, of the same Christ-life that is yours. Your lives are given to God in the work of bringing forth living images of His Son. Our lives are given in fostering the growth of the Body of Christ through the work of the religious apostolate. It will not seem strange to you that some should dedicate their lives in such a way. "Thy Kingdom come" is your aspiration, just as it is Christ's. And that the desire might be fulfilled you, in Christ, will understand how it is that men and women pledge themselves wholeheartedly to God and to the love of neighbor in God, be that love expressed through prayer, as in the contemplative life, or through action directed to the salvation of souls.

So also with those who are neither married nor religious. Theirs, too, is the one vocation of the Christ-life, bearing witness in whatever they do, wherever they may be, to the Head Whose members they are.

In a day of streamlined efficiency, when the catchy slogan, the flashy poster, the clever advertisement seem to have their hour, this way of looking at vocations may seem rather stupid. No doubt, to some it will appear too idealistic and impractical, a bow set in the clouds, beautiful to see, but out of reach for the clay-fettered men of earth.

But are we not being even more impractical when we raise a hue and cry about the shortage of religious vocations and overlook at the same time the dearth of good vocations in all the other states of life? The saintly, Christian home is the nursery where religious vocations are nurtured

and developed. Christ-like parents are the chief gardeners. And it is against a background permeated by Christian thought and action in the many spheres of life that these same vocations will flourish and bear fruit.

It may be idealistic, but it is not so impractical after all to urge that we recognize and promote this fundamental view of vocations. And not only is it not impractical. This is the vocation of true joy—the beginning of our vocation in Eternity, of the Paradise where, St. Augustine tells us, **"There will be one Christ, loving Himself."**

---

# Leprosarium at Carrville

*by*

Sister M. Barbara Taggart, S.C.M.M., M.D.

For centuries men have shuddered at the thought of leprosy. Numerous passages in the Old Testament tell how persons afflicted with leprosy were made to live outside the city walls or camp, and how stringent were the regulations for purification and cleansing against the disease. In Christian Europe in the Middle Ages one of the marked features of the countryside was the leper hospital, and lepers, while not absolutely restricted, were nevertheless obliged to warn passers-by of their approach by means of bells or clappers, so as to avoid all personal contact. Even in our own country and in comparatively recent times at that, the same dread of the disease was exhibited when the United States Government attempted to purchase property for a projected leprosarium. No State in the Union would cede or sell land for the purpose, with the result that the Government was obliged to buy from the State of Louisiana its leper hospital, already in existence since 1894, and enlarge it to fit the needs of national use.

All these thoughts passed through my mind as we approached the magnificent group of buildings which comprise the government leprosarium at Carrville, Louisiana. For one whose acquaintance with leprosy has been confined to the dry pages of medical textbooks, the first meeting with the actual disease is bound to be a unique experience. And so it was.

In the first place, Carrville itself is impressive. Under the direction of the energetic Dr. Faget, commanding medical officer, and his staff, assisted by fourteen Sisters of Charity, everything for the scientific treatment as well as the bodily comfort of the patients has been provided. Nor are their spiritual needs forgotten, since both Catholic and Protestant chaplains are in residence, each having his separate and respective chapel. The former provides a story all in himself, being an eighty-year-old Benedictine Abbot, who voluntarily took this post eleven years ago.

The patients who share in this tremendous outlay number between 350 and 400, with continual variation since new patients are always being admitted. Some of these are proven happily misdiagnosed; others remain for life-time hospitalization. At the same time still others are discharged under the prudent nomen, "arrested cases."

From a geographic standpoint the distribution of cases is most interesting. Formerly, the largest group came from Louisiana itself, but this is no longer the case, Texas having recently superceded it. California, Florida, New York and Illinois rank high in their contributions. However, from the last two the percentage of foreign born is so overwhelming that they cannot be considered as endemic regions. The great percentage of Mexicans represented indicates that they are probably responsible for the introduction of the disease into Texas and share with the Filipinos, Chinese, Cubans and Hawaiians the responsibility for its presence in California. In Louisiana the source of spread has long been a matter of conjecture but is believed to be due to the marked susceptibility of the Acadians rather than the immigrant French. Small foci of infection such as that found in Illinois are doubtless brought in from outside and usually burn themselves out. From the family histories obtained in Carrville, admittedly not always complete due to the desire of the patients to spare their relatives, leprosy seems to be definitely a "family disease" due probably to the two factors of inheritable predisposition and the intimate contacts of family life.

All races considered together, the proportion of incidence is higher in men than in women, in the ratio of two to one. This is not true, however, among Negroes, where it is equally distributed. Carrville graphically illustrates the fact that the leper bacillus spares no age. Walking along one corridor, we met two eight-year-old boys, their faces marked with the characteristic lesions. These had already been there for more than a year. We saw old men evi-

dently suffering from advanced stages of the disease, and in between these very young and very old, patients of almost all other ages. Most of them, however, seemed to be in their twenties and thirties, the average age of admission being thirty-five years.

In answer to our query about treatment we learned, as one would expect, that every modern means, chemotherapeutic and otherwise, has been experimented with, from the sulfa drugs, Kittering hypertherm cabinet to penicillin. Chaulmoogra oil is given more or less routinely and recently promin and diasone have given more good results with less harmful ones than most drugs. Penicillin, much to the disappointment of the patients who had themselves insisted on its trial, seems to aggravate the disease. General hygienic measures of rest, good diet and physical therapy must still remain outstanding features of treatment since no specific drug has evolved.

In our tour we first visited the hospital, similar in most respects except in the appearance of its patients, to any general hospital.

The X-ray department, which is amply supplied revealed some interesting and rather startling facts. We were shown a series of pictures of patients taken on admission, some advanced cases and others with only initial lesions; then the same series, taken two years later, all having received the same treatment. Some of the advanced cases had cleared completely while some of those just beginning to show the disease, had advanced to hopeless disfigurement — demonstrating one of the inexplicable riddles of leprosy, identical treatment does not help all cases, nor does the time elapsing between infection and institution of treatment seem to alter the results. This is fortunate since in most cases there is an interval of at least five years between onset and diagnosis of this disease. X-ray pictures of affected hands and feet clearly illustrate that these parts do not just drop off as is commonly supposed, but that the bone is absorbed from its center causing a gradual shortening of the involved fingers and toes.

From the X-ray department we went to the laboratory where we plied the doctor with questions. Yes, we learned, it is true that medical and bacteriological authorities do doubt whether the acid fast bacillus so closely related to that of tuberculosis is really the guilty party. Although the bacillus leprae is always found where there is leprosy, carefully cultivated strains introduced by every known means into every conceivable experimental animal have never yet produced leprosy. However, the bacillus can be made to survive several hours in the blood stream of some animals so treated. We saw wall racks containing test tubes of this microbe growing in all its many-hued chromes, from a lustureless yellow to a bright orange. Here, too, the newer skin tests were done as well as serological tests on all patients, since false positive reactions often develop in leprosy patients.

Later we visited the cottages where from twelve to eighteen patients live together, each having his own room. These patients have a central dining room where there is careful sterilization of all dishes, silverware, etc. The lepers themselves are much more afraid than the non-leprous persons in the same institution, taking great pains not to use any unsterile glass, etc. Perhaps this is instinctive self-protection since actually they may have little immunity to another patient's strain of leprosy. The many recreational centers provide reading and billiard rooms and library space.

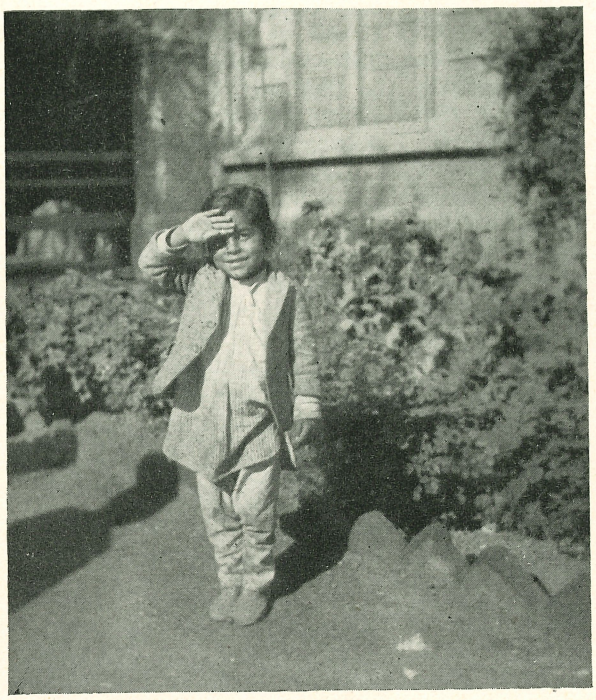
It was in the little chapel, with its liturgical loveliness, that we almost forgot where we were — until the Sister-guide reminded us sharply, "Don't use that holy water! We have entered on the lepers' side." This seemed an odd precaution since we had used the same door knobs, fingered the same elevator buttons — only stopping to wash with green soap and alcohol before our final leave taking.

Going along, we caught glimpses of some of the patients, or came face to face with others, ranging from the very sick, who were horribly disfigured, to those unrecognizable as lepers, because as the Sister whispered, their lesions were on their legs. It was hard to see all one wished to see without appearing to stare or show revulsion.

And besides, something in the atmosphere, an indescribable something, not exactly depression, nor gloom, but a sort of cheerlessness seemed to pervade everything. True, there were no bells or clappers, no cries, "Unclean, unclean," — but an attitude hung over all, which somehow carried with it the same poignant note of hopelessness that must have sounded in the bells and in the cries. Despite the best of scientific treatment, the life of these people is essentially ended as far as any normal outlook goes — not because of their disease, but because of the attitude of the general public towards them. Paradoxically enough, some of them are even afraid of being cured. They have seen others before them, joyfully leaving as arrested cases, only to watch them return at their own request, sadly disillusioned when they discovered that their own families were afraid and ashamed to receive them again as part of the family circle.

All this sums up to the real need for genuine education of the public, so that scientific knowledge and social enlightenment may replace the common misunderstanding of this disease. It is not a crime to develop leprosy, but some of these sick people are actually made to feel worse than criminals, and are treated as social outcastes even when they have received a medical discharge from a world-renowned institute such as Carrville.

Thus the cries and bells of another day still have their echo in our own time. And if such is the case in the United States, where medical enlightenment and scientific treatment has progressed, what must be the lot of the millions of lepers in India and other countries of the Orient, who are forced to wander about the cities and countryside, uncared for, unwanted, to shift for themselves as best they can!



**Yusuf says "Salaam". This is a common form of greeting. Translated, it means "peace".**

# "Thank You" - - Assorted

*by*

Sister Ignatius Marie, S.C.M.M.

Not so long ago an English Army chaplain came to see us at Holy Family Hospital. Among the questions he asked was, "Are the people grateful?" This set me thinking...

If gratitude is to be measured by the number of times people say "Thank you!", it is nil. For the countless little happenings in a day to which we almost automatically respond, "Thank you," they make no reply. When we so reply they look askance at us. For instance, while on a train recently I asked a well-dressed and apparently well-educated man to change seats with me. He did so promptly, but when I thanked him he very bluntly told me there was no need for thanks.

Christians or those who have been educated by priests, brothers or sisters very frequently use the word **dhaniabad** for our "thank-you." According to the dictionary this really means good, virtuous, well-done. Christians also fold their hands or rather hold them with palms touching and fingers extended and say to you, **"Jesu ki barai."** Although this is used chiefly as a greeting, for it means, "Praised be Jesus Christ," it also serves as an expression of thanks. Many non-Christians say, **"Pranam,"** but this, too, strictly speaking is a reverential salutation.

There are others who on bended knee assure you that you are **"Mera ma-bap"** (my mother and father) and use similar extravagant exclamations. The rank and file say nothing, however, but very often they do something more or less pleasant. They may touch your shoes and then touch their foreheads as a sign of gratitude. To put it mildly this is a strange custom, difficult to become accustomed to, so my shoes quickly disappear under my skirts if I see signs of that happening.

A gift of fruit is a frequently-used expression of gratitude. It varies from three or four bananas costing a half-anna (one cent) to large trays of assorted fruits—pomagranates, oranges, bananas, mangoes, guavas, leechees, etc. Usually these gifts are presented to us at the hospital admission desk by a relative of the patient, but sometimes the patient herself presents it to the doctor when she is making rounds. One Sunday, two weeks ago, a particularly fine tray of fruit, gaily bedecked with flowers and silver paper, was brought into church by one Hari Chand, a Hindu man, whose three-year-old daughter had been ill in the hospital for weeks. At last she had shown definite signs of improvement and as he expressed it, "I want to thank your God."

Father Westropp, S.J., was already half through the **Gloria** Undaunted, Hari Chand made a bee line for the altar, intent on placing the tray thereon. But Sister Ann, the sacristan, was too quick for him. She met him at the Communion rail and with many profound bows took the tray from him and put it on the credence table. There it reposed until Mass was over, reminiscent of the gifts brought to church by the early Christians. In the meantime, Hari Chand proceeded to deck the statues of Our Lady and St. Joseph with beautiful garlands.

One day we came into chapel for noon prayers to find that someone had placed his thank-offering of various sticky sweets on the dark green altar cover. Legions of ants had gathered to the feast, so that gift was promptly disposed of and the altar cover took a trip to the **dhobi,** in other words, to the laundry.

Sometimes a grateful patient

brings us a complete meal. If he is a Mussulman, it will be delicious meat curry with the finest rice (Oh, yes, there is a world of difference in the various kinds of rice). If he is a Hindu it will be an equally delicious vegetable curry. But take my advice and partake sparingly, especially of the chutney side-dishes. They are hotter than India!

Garlands are the commonest and one of the most beautiful expressions of "thank you". They are usually of jasmine or orange blossoms, or in the less expensive varieties, marigolds strung on one or more strings with a pendant-like drop of small pink or red roses in front. The people insist on placing them around our necks on their feast days and on ours. The flowers are well sprinkled to keep them fresh so you can imagine how disastrous they are to a clean white veil. It is quite a common sight to see garlanded men and women walking along the street. But we feel like the winner of the Kentucky Derby and take them off as soon as it is convenient. The garlands then render fragrance to Our Lady in the grotto or in the chapel.

Until recently a gift of candles for the grotto was an ordinary expression of thanks, but the price of candles has gone up so much that we seldom get them now. Sometimes it is the coin of the realm that expresses appreciation. The modes of giving it vary greatly. Several times I have seen folks stand in the church and flick coins off their third finger with their thumb. Later we found on the altar steps one anna or two anna bits and even a pice (half-cent). Such offerings may be given at the admission desk with great pomp and flourish or may be dropped secretly in a box marked "For the babies".

The queerest "thank you" I have ever received, at least it was that until I asked a few questions, was given in the hospital. A man paid the bill of a private room patient and then said to me, "May I give you something for charity?" I assured him that we would be very grateful for anything he cared to give. Then said he, "If I give you five rupees will you give me a receipt for it?" "Certainly," said I, and promptly the two pieces of paper changed hands. Later a few discreet questions elicited the information that he was a servant of the patient. I presume the receipt was to prove that he had given the money as ordered.

A few days ago a very distraught woman brought in her baby of less than three weeks. She wept as she told us the child was ill and she feared it was going to die. The little boy appeared to be all right until we looked into his mouth, to discover that he had one fine case of thrush. We put some medicine on it and told her to bring the child back the next day. But the woman would not hear of this—she and the baby would stay in the hospital until it was completely well again. We argued that hospitalization was not necessary but nothing could change her mind. Well, she took the baby home today, absolutely convinced that we work miracles. But before she went, poor as she was, she went to the bazaar and bought a few sweets and two candles, the size used on a birthday cake at home, and left them on the communion rail.

Yes, these people are grateful—and they express it in their own way.

---

# Wealth of Africa . . .

*by*
SISTER M. FRANCIS, S.C.M.M.

*"The wealth of Africa can be realized only if her human wealth is spared. The future of Africa depends on her children . . . ."*

Africa is the most primitive of all the continents. Here, almost every stage of civilization can be found from the most primitive to the most modern. The country is neither all jungle land peopled by savages, nor yet is it composed only of modern cities like Johannesburg. The African people are a diverse group springing from different ethnic origins and showing many differences in language, culture and customs.

Politically the territory is divided into states which, with the exception of three, Liberia, Ethiopia and Egypt, are dependent to a greater or less degree on various western nations. The colonial empires of Great Britain, France, Belgium, Portugal, Spain and Italy include holdings in Africa.

It is in the large seaport and coastal cities that the impress of western civilization is most strongly felt, although year by year the penetration into the interior grows. However, it is still true to say that Africa is at the beginning of its development, with its destiny still undetermined. The two most important influences for its future are, no doubt, native health and native education.

The late Emil Torday, a noted anthropologist of the Belgian Congo, once remarked: "Africa offers her wealth to Europe, but this wealth can be realized only if her human wealth is spared. The future of Africa depends on her chil-

**Zulu mother and child**

**Native home in Zululand, South Africa. A village or group of these huts, surrounded by a stockade, constitutes a kraal.**

*WOMEN AND CHILDREN OF AFRICA . . . . In a country whose destiny is still unknown much depends upon them. Two most important influences for their future welfare are health and education.*

**Dance of the Zulu women.**

dren, whose place Europeans will never be able to fill."

Throughout the whole of Africa there is an appallingly high infant mortality. The story of infant life wasted or sacrificed is the same, whether it is a tale of the coastal regions or the interior. Certain districts, such as Tanganyika on the Indian Ocean, are said to have infant mortality rates as high as fifty percent, although some experts would put the figure up to eighty percent. Accurate figures for infant mortality rates and the prevalence of the various diseases are scanty and in many regions impossible to obtain due to the lack of education of the people in such matters and to the absence of an adequate and trained medical personnel.

The environment of many an African child is scarcely suitable for its health. In many places the hut is located at the edge of a malarial infected swamp. The mother is often acutely or chronically ill with the disease and her weakened condition is harmful to her baby. In Central Africa where the disease is widespread, oftentimes the infant is only a few days old when it becomes infected and if malaria does not cause the death of the child it may lower its resistance to the point where it succumbs easily to another complaint.

Many of the native villages are located in jungle country where the yellow fever virus is a constant menace. The disease is primarily one of jungle animals and seems to be transmitted from one animal to another by the jungle mosquitoes. The most important control procedure for it at present is the vaccination of that part of the population in contact with the infected forest area.

In other regions the kraals are far from the water supply and the women must travel five and ten miles to obtain water. How can it be expected that the babies in these kraals will be kept clean? The pot of water must supply the whole family and any visitor with drinking water, not to mention water for cleansing purposes. And these pots of water furnish excellent breeding places for the mosquitoes which carry malaria and yellow fever.

Scanty clothing is the rule for the African child except in the cities where the little black baby in its bonnet and dress imitates its European sister. As one writer described the tiny Christian children of Uganda on the East Coast, "Many wear only a medal, a claim to the protection of their heavenly mother, and a string of bells around an ankle, an assurance to the attentive ear of their earthly one." It is not surprising that during the cold or rainy seasons, or even in the varying temperature of the night, many babies catch cold. Usually the mother has no idea how to care for a child with a cold. Often sick babies are placed on moist earth with only a small covering over them. It is not surprising therefore, that pneumonia ranks high on the list of causes of infant death. The black race seems to be particularly susceptible to respiratory diseases and in the Belgian Congo pneumonia is responsible for eighty-five percent of the deaths. Even at the welfare center in Elizabethville, sixteen out of thirty-four deaths are due to pneumonia.

It would seem as though the African babies had sufficient to fight against with such a deadly array of diseases of all kinds menacing their hold on life. Yet, strangely enough, their little lives are often snapped short by those who love them. Ignorance, superstition and ancient tribal customs contribute their share to the holocaust.

The diet provided for many a new born baby is less likely to preserve its life than to usher it swiftly into eternity. For instance, in Kenya (British East Africa) milk is not considered sufficient food for the newborn. After the first day it is fed a native cereal which its mother harvests, grinds and cooks as a thin gruel over the grimy fire in the center of the hut. The mother pours some of the gruel into her hand which she then presses against the baby's mouth and nostrils. In the struggle which follows some of the food is swallowed but sometimes particles of food are drawn into the air-passages and cause suffocation or pneumonia. In other instances the mother cooks the cereal longer and then partially masticates the lumps in her own mouth before giving them to the baby. Sometimes large quantities of water containing decoctions of leaves or drugs are given to the child "to make its stomach big." Fat is often fed to tiny infants and it is not uncommon to see a native mother take a fingerful of grease and give it to her few-days-old child.

Animal milk is rarely used for artificial feeding, for in addition to a fairly general custom of feeding the babies more solid food, there is the difficulty or even the impossibility of raising cattle in those regions where the tseste fly is present. Underfeeding and vitamin deficiencies consequently are widespread throughout the whole continent but are particularly serious in West Africa.

Many of the superstitious beliefs of the Africans, though varying from tribe to tribe, have one common result—the death of a certain number of Africa's babies. Sometimes the new-born baby is given the powdered dust of charred dog's bones that it may have the strength of the dog; in its water gourd may be placed a small putrid lizard so that the agility of the lizard may be absorbed by the child.

Woe to the child that departs in any way from the normal! Children who are born with their teeth showing through the gums or who cut their upper teeth before their lower, are doomed to death lest evil befall the tribe. Twins also are considered an evil omen. Although the African loves his child, fear of calamity to the community forces him to follow the ancient customs.

The coming of the white man and the increasing control of the colonial governments has done much to abolish some of the evil tribal customs. But the rise of

colonial empires has not been an unmixed blessing for the native, and has in fact added new causes of infant mortality.

In some regions the best land has been taken from the African with the result that he must till the less fertile portions which oftentimes will not yield a crop sufficient to feed him and his family. Faced with this problem, he seeks work in the mines or on European plantations. Taxation and a desire to purchase trade goods, or conscription, cause other Africans to become wage-earners. Thus the villages are denuded of their adult male population. In Nyasaland, often as high as seventy percent of the males are absent from the villages. This excessive withdrawal of manpower from the villages of the interior to the mines and plantations of the coast, results not only in a falling birth rate but increases the infant mortality by causing the mother to overwork herself in an effort to maintain the farm. Likewise, many of the young men who return to the villages after a period of work in the mines or on the plantations bring with them the plague of the white man, tuberculosis, which spreads rapidly in the "virgin" soil of the native kraals. Many of them, too, are infected with social diseases, which today are considered the chief cause of infant mortality in many regions.

What can be done to stay the hand of the grim reaper? The health of the African, because of its relation to the conservation of native manpower which is essential to the future development of the country, is increasingly the concern of the colonial governments.

Beginnings have been made in most of the colonies for public health work. The leader in the field is the Belgian Congo. In this region there is a high incidence of infectious and parasitic diseases, both the typically tropical diseases and those found also in the temperate zones.

To cope with the problem a medical service organized along military lines is provided by the government. Native assistants are trained to help the European doctors and nurses. Once a year every native is examined and by this means sleeping sickness has been brought under control, smallpox largely eliminated, and lepers segregated and cared for.

The establishment of maternity and child welfare centers has been started but these are still too few for the needs of the African mother and baby. Women doctors and nursing sisters are urgently needed for this task. Women can work more satisfactorily, not only among the Mohammedan women of the country, but also amongst the women of the vast majority of the native tribes. The influence Catholic sisters can have over the African women has been shown already in those districts where maternity and child welfare work has been carried on with zeal backed up by skill. They can persuade the African women, so often totally ignorant of the most elementary notions of hygiene, to give up the charms and amulets which are believed to protect their babies from the devils of sickness. In certain pagan districts of the Belgian Congo some sixty percent of African babies succumb to various tropical diseases, while in Christian villages, due to the work of sisters in maternity centers, the mortality has decreased to thirty-seven percent.

For the most part, the African attributes disease to the power of evil, and the mission hospital can play a real and positive part in combating native superstition. At the present time these hospitals are to be found chiefly in the towns and as such are usually inaccessible to the large rural population.

The general picture of African health for adults and for babies in particular is still far from what it should be and must be if Africa is to realize her possibilities to the fullest extent. But improvements in housing conditions, in water supplies, in the disposal of refuse and in measures to reduce the prevalence of endemic diseases, in attention to the availability of a proper diet, will each help to reduce infant mortality. In so far as we can bring friendliness, helpful guidance and professional skill to the assistance of the African woman, so far shall we influence the welfare of the African child. Let us be up and doing.

---

*The Church which we must plant within the world is indeed a Church for men, and not for souls alone: the Church of men with all they have and all that they are, even to their faults for which she provides the remedy. The Church who takes the earth in order to make it holy, and the tradition of mankind to render homage to You. Her work is not merely to instruct the soul, nor to form the will; she marks us, body and soul, with the sign of redemption, and her blessing goes even to our stables, our hen-roosts, invoking the Holy Spirit upon every substance, lowly yet magnificent.*

*—Pierre Charles, S.J.*

# The Mission Clipper

### POST-WAR ANTI-LEPROSY PROGRAM

A five-year post-war Anti-Leprosy Program for the improved treatment and prevention of leprosy in eight countries was announced by the Post-War Policies and Program Committee of the American Mission to Lepers. Five hundred thousand dollars will be needed for the program which will be a united, scientifically planned effort by the Mission in cooperation with Protestant mission boards, public health and medical agencies, to eliminate the disease in areas where it has made serious inroads, through effective educational and social methods. It will be carried on in these countries: India, where the estimated number of leprosy cases is 1,000,000; China, with an estimated 1,500,000 cases; Burma, 200,000 cases; Belgian Congo, 200,000 cases; Ethiopia, 100,000 cases; Korea, 75,000 cases; Thailand, 20,000 cases; and Liberia, 15,000 cases.

**—Medical Woman's Journal**

### MISERICORDIA HOSPITAL — BRAZIL

The Misericordia Hospital of Rio de Janeiro is the oldest institution of its kind in Brazil. In 1582, eighty-two years after the discovery of Brazil by the Portuguese Admiral, Pedro Alvarez Cabral, an armada of 16 ships and 3000 men commanded by Baldez, arrived at the port after having been heavily battered for several days by stormy seas. As many members of the crews were wounded and sick, Father Anchieta, the great Jesuit to whom Brazil owes so much for his pioneer work in the fields of charity and education, received the men in a large house where they found shelter and treatment. This was the beginning of a hospital that was named after Our Lady of Mercy (Nossa Senhora da Misericordia). Up to 1840 the Misericordia Hospital was a large private infirmary, old, dark and in part underground. Since then it has been remodeled and enlarged several times, the newest improvements having been completed last year. The present institution is a private hospital, largely for free patients, which consists of 31 wards, with more than 900 beds and 43 out-patient clinics for all the medical and surgical specialties of present practice.

**—A.M.A. Journal**

### CATHOLIC EDUCATION IN THE BELGIUM CONGO

According to information received from Belgium, 1,300 native pupils are attending the junior, and 326 the senior, seminaries in the Belgian Congo. Catholic organizations are teaching 750,000 in elementary schools, 4,500 in high grade schools, 5,000 in technical colleges and about 3,000 in normal schools. There are 900,000 catechumens under instruction in the Belgian Congo. The Belgian Jesuits conduct one of the large and flourishing missions there.

**—Jesuit Missions**

### UNIQUE HOSTEL IN INDIA

Nearly two years ago a unique hostel was established at Margao, India under the management of the Sisters of St. Alexius. It is called St. Joseph's Home and affords shelter to women who come to Margao to sell the produce of their fields. These women very often have to spend whole nights away from their homes, and are thus exposed to various risks. During one year over 5,000 women took advantage of the shelter given by this house. More recently the Sisters of St. Alexius have also opened a free primary school for girls.

**—The Bombay Examiner**

### MISSION PERSONNEL THROUGHOUT THE WORLD

The Catholic mission personnel at work throughout the world today is 139,872, a figure which includes foreign and native missioners and native catechists. There are 2,787 foreign missioners from the United States, less than two percent of the total.

**—Jesuit Missions**

*Please pray for the repose of the souls of:*

**Rev. John H. Courtney, Ottumwa, Iowa.**

**Mother Grace Dammann, R. S.C.J., New York.**

**Mrs. Catherine M. Battles, Washington, D.C.**

**Miss Jane Morris, Philadelphia, Pa.**

**Dr. George Aste, Chicago, Ill.**

**Mr. George Yienger, Baltimore, Md.**

*May their souls and the souls of all the faithful departed, through the mercy of God, rest in peace. Amen.*

# The Mission Intention

*The Arabic nations, whence Mohammedanism arose*

While Syria, Iraq and Egypt are sometimes classified as Arabic Nations on account of their language common with Arabia, yet the latter must have been more definitely in the mind of the Holy Father for the March intention of the Apostleship of Prayer, as he specified the Arabic nations from whence Mohammedanism arose.

Arabia holds a key position. The barren, sparsely populated peninsula, about four times the size of France, is the bridge between Africa and Asia. Long before Islam was heard of, Mecca, on the fringe of Asia and Africa, was a flourishing trading center through which flowed the spices and rich products of Persia and India, while caravans from Syria brought those of the Mediterranean.

The city was ruled by a guild of merchants; trading was in the blood of its inhabitants. Father Lammens, S.J., says that Mecca was the paradise of stockholders, middlemen and bankers. Tremendous risks of capital were undertaken. Men speculated on the currency exchange; they gambled on the rise and fall of foreign moneys and on the time of arrival of caravans and their freight. Money exchanges from many different parts gave rise to most lucrative transactions. Mecca was the city of merchants, among whom were millionaires according to our standards. The historian, Strabo, says that the infatuation spread even to women, who also put their wealth into banks and commercial enterprises. All this two thousand years ago and at a site that could hardly be more forbidding.

Whilst life in the cities was brisk and exciting, the majority of the Arabs—the Bedouins—who to this day constitute eighty-five percent of the population, led the simple life of shepherds and cultivators. Although life in the cities has altered, due to the fall of fortune, desert life has continued unchanged to this day. Sheep still provide the Bedouins with wool for their tunics and cloaks, the horses of Nedjd are still their pride, and the camel their **alter ego.** It carries them through the desert and gives them milk and butter. This and unleavened bread, dates, figs, artichokes and desert truffles are their main sustenance. Their dwellings, the tents, can be pitched anywhere.

These people of the desert have a vivid imagination and strong passions, which probably accounts for their innate love of poetry. The Bedouins are brave, are men of their word, and carry hospitality to the point of a religious rite. Although they can stand solitude, they are fluent and witty conversationalists on occasion. They are very sensitive to slights and hurts and revenge is their weapon. Perhaps the mighty conquerors of old were not keen on the beauty of the rippling sand wastes and the gorgeous sunsets painted on them—or what is more likely, the Bedouins did not let them through. Even the Romans had to halt.

The hard conditions of life explain the virtues and faults of the Beduoin, his self-reliance and tenacity, his cunning and rapacity. One cannot help seeing a certain dignity in him, even when clad in rags.

From the character of the Bedouin, one can easily judge that he is an individualist, not caring for organized authority beyond that of his tribe. Although he is much the same as he was a thousand years ago, when he comes in contact with progress and higher standards, he assimilates them surprisingly well. As a matter of fact, it was these hardy Bedouins whom Mohammed converted within the space of two years from the worship of stones to the worship of Allah, who were the backbone of his religious-political Holy Wars of aggression, ruthless murder and plunder, until the newly converted hordes carried their conquests with phenomenal rapidity and vigor from Gibraltar to China.

This lesson of history, with its consequences which reach into our own day, should make us pause, think and pray. The Arabs, it is true, have fallen on evil days. But their spirit is not dead. In 1925, a Pan-Arabic Conference was held and another is pending now. The Middle East is seething with problems. Let us pray that our common Father in Heaven may enlighten their minds and soften their hearts for their own good and for the good of the rest of the world.

—A.D.

### THE MORNING OFFERING

O Jesus, through the Immaculate Heart of Mary I offer thee all my prayers, works and sufferings of this day, for all the intentions of Thy Sacred Heart, in union with the Holy Sacrifice of the Mass throughout the world, in reparation for my sins, for the intention of all our associates and in particular for restored integrity in public and private life and for the Arabic nations, whence Mohammedanism arose.

# Book Review

GOLDEN ROSE, by Pamela Hinkson. Alfred A. Knoff . . . $2.50.

The setting of this book is India; the plot concerns two young people, who in spite of the deep love each has for the other, are not free to marry; the principal figure and source of the main ideas underlying the story is a nun, who as a Nursing Sister of the Order of Notre Dame de la Guérison, is Mother Rectress of a State Hospital in India. Any one of these elements ought to provide interesting enough material for a good story; taken together, we might expect something quite out of the ordinary.

As it is, Pamela Hinkson has woven them into a sufficiently absorbing and, in its solution of the plot, a thoroughly Catholic novel of some four hundred pages. Although at times the reader may find the lengthy reflections of the characters and the lavish descriptive passages somewhat tedious, the book is really a pleasurable one, wherein spiritual and moral values are recognized and given their proper place. So much for generalities.

Perhaps it is due to lack of a deeper understanding, perhaps to deliberate intent, but scarcely ever throughout the entire book does India emerge as a country of definite character. One has the general impression that it is exotic and mysterious, and, to be sure, hot and humid — but that is all. It remains hidden and obscure, like some rich but unfathomable tropical foliage, in the shadow of which doctors and nursing nuns and Protestant missionaries try to relieve pain and misery, while a rather smug elite among the "white sahibs" bathe, dress and dine (endlessly, so it seems), are continually braced up and revived by whiskey-sodas, amuse themselves with riding and polo, and of course, fall in love. It is not surprising that this surface impression of India should be disturbing to the reader who knows, or seeks to know and understand more deeply.

We have already noted that the principal ideas of the book come from a nursing sister. They reflect those of others in her community also. And very good ones they are too — of truth, goodness, sacrifice and real love for God and neighbor. For this reason, precisely because they are so good, we regret the more that the sisters at times appear to contradict themselves. For example, "that the Sisters of the Order were nurses first and nuns second" is established by the "gentle insistence" of no less a person than the Mère Générale herself! Again we are given the impression that those who pray most, to use Miss Hinkson's words, those who appear "more suited for a contemplative Order perhaps," tend inevitably to be cold and unfeeling —as though piety, and we mean genuine piety, would be sure to turn one into an ice cube. If this is true, then we might well conclude that heaven is one perpetual ice carnival, beautiful and sparkling, but alas, so very, very frigidaire! In that event, and in spite of certain qualms springing from false pride, I must admit that I prefer Barnum and Bailey on a hot summer day.

But why quibble about such things when we have not only the word, but also and above all the example of those men and women of prayer and love — the saints themselves. The only plausible reason I can conjecture to explain the author's rather distorted idea of piety and its subsequent effects regarding sympathetic love of neighbor is that she has at some time or other rubbed against piosity instead of piety — a most unfortunate encounter indeed!

Naturally, this review is colored by my own personal outlook as a religious and as a member of a medical missionary sisterhood whose main field of work is India. No doubt, certain aspects of the book have been more minutely examined because of this circumstance. In all fairness, and if you wish to be more in the know, I would suggest that you read the book and judge for yourself.

# Cover Design

*Our new cover design has evoked many comments. In view of some of them, we shall continue to reprint the explanation of the drawing for some time to come.*

Our cover, designed by Emil Frei and Robert Harmon, expresses the basic idea underlying medical missions— the care of the sick as a means of spreading the Kingdom of Christ.

The artists have conveyed this idea through a symbolic representation of the story of the Good Samaritan. There is the road from Jerusalem to Jericho, with its travellers—the high priest of the parable, eyes and hands raised to heaven, the levite, face buried in his book. Both with closed hearts have passed by the man whom the robbers left sick and half-dead by the roadside. Finally, there is the Samaritan, the stranger, who recognizes his neighbor in the wounded man and in the spirit of true charity looks after his needs. In the background and over all, is the figure of Christ, for it is He Who is served in the sick and suffering. The tau cross and the serpent likewise signify Christ under the figure of the brazen serpent whch Moses raised up in the desert and upon which all who looked were healed. These are a Christian adaptation of the caduceus, ancient symbol of the medical profession.

**"If each and every Christian were but willing to bear testimony for the Faith that is in him, most of the pagans would be converted."**

**—St. John Chrysostom.**

# At Home and Abroad

## Reception and Profession

**Sister M. Ursula (right) and Sister M. Jacob, who made their first profession on the Feast of Our Lady of Lourdes.**

On February 11, the Feast of Our Lady of Lourdes, two novices made their first vows as members of the Society and four postulants received the religious habit. Five sisters also renewed their profession as Medical Missionaries.

The ceremony followed an eight-day retreat under the direction of the Rev. Xavier Crowley, T.O.R. of Loretto, Pa. The Right Rev. Thomas F. McNally presided, assisted by the Rev. Charles J. Mahoney, C.S.C., chaplain at the Motherhouse, as Master of Ceremonies.

The two novices who made their first vows are Sister M. Ursula Fagan of Wilmington, Del., and Sister M. Jacob Engelhardt, of Detroit, Mich. Those who received the habit are: Miss Madeline Healy, R.N. of Newton, Iowa, in religion, Sister M. Camillus; Miss Eileen Coakley, R.N. of Philadelphia, Pa., Sister M. Lawrence; Miss Mary Ann Amann of Milwaukee, Wis., Sister M. Timothy, and Miss Eileen Holland of Rolling Stone, Minn., Sister M. Brigid.

The sermon was preached by the retreat master, Father Crowley, who chose as his theme: "This is the day which the Lord hath made; let us be glad and rejoice therein." In effect, Father pointed out how the whole Church, the Church Triumphant, the Church Suffering and the Church Militant on earth, was rejoicing in the dedication of new members to the service of God in the religious life.

## Santa Fe

After months of getting the necessary equipment, arranging and planning the courses, making ready class rooms and in general, preparing the practice field, our school of nurse-midwifery, the Santa Fe Catholic Maternity Institute, officially opened for teaching on February 1st. Two students, both of whom are trained nurses with the necessary public health experience, are the first pupils. Sister M. Theophane, who is director of the school, wrote to tell us about it, adding at the same time the very good news that the school has been recognized for affiliation by the Catholic University of America and that the certificate of affiliation has already been received.

In the same letter Sister Theophane also told us of the "Dutch chain luncheon" held at our house in Santa Fe. Without explanation, of course, this is "all Dutch" to you, so we quote from Sister's letter:

"The chairman of our advisory board planned a very splendid method of raising some funds for us. She organized a chain luncheon, and we had the first one here a few days ago, for sixteen women.

"Everything went off beautifully. Sister Augustine prepared a real

Dutch meal and our centerpiece for the table was a Dutch lawn with a little Dutch boy and girl. The two students made a picket fence out of white cardboard and we had sweet peas for flowers, all of which made it very attractive. Sister Augustine (Note: Sister is **really** Dutch, being from Holland) also sang some Dutch songs which we had translated and copies of which were given to each of the women.

"This luncheon is the beginning. Those sixteen women each will have a luncheon for eight other women, who, in turn, will have one for four; and the four for two. When it is finished 1,680 women will have been reached. It is a splendid idea and a very enjoyable way for the women to help us."

---

## FROM INDIA

We were almost in desperation when we looked at the mail from India this month. It seems ships weren't sailing, or planes did not fly, for there were no letters! And we cannot get along, not on this page at least, without those letters. The deadline was drawing nearer and nearer; we almost took to the file, when one day there arrived, not **a** letter, but letters! —five of them, with enclosures, from Patna, Rawalpindi and Mary Giri. We were swamped with more than we could use, so here are some of the gleanings . . .

### Patna

Sister M. Laetitia's news tells of the progress of the nurses' training school. She writes "Our preliminary class of twelve is just finishing a three months study period. After that they will go on full time duty. Nine juniors took their government examinations, and all passed. We are in expectation that the Bishop of Ranchi will send us more students soon, so we will start another class in January. When these pupils arrive, there will be no more room!"

### Rawalpindi

Sister M. Leonie is the chief scribe for Holy Family Hospital this month, with her description of some of the goings on in the hospital wards. She tells us: "Life is busy here as usual. We have a Madrassi doctor helping us out three days a week in the dispensary, and do our major surgery on those days. That is still increasing, and our total of major operations is much larger than last year. The wards too, are steadily filled. All the patients we admit are really sick and must stay long.

"Just the other day we sent home one woman, Sheila, who was with us over three months. On admission her blood picture showed a 13 percent hemoglobin and a red cell count of 800,000. On leaving she was still anemic, but her hemoglobin was up to 57 percent with a red cell count of 2,300,000. It took lots of work and patience to achieve even that.

"Her stay with us included some adventures. One day she wanted to go home, so her husband, a stout, powerful-looking Sikh took her out on his shoulders, despite all our protestations. The very next day he was at the hospital again, begging us to take her back. Another time a nosebleed set her back, but Sister Jude patiently fed her and took care of her until finally she picked up. The Sheilas are a great encouragement to keep on trying, when the terrific amount of sickness and misery seems almost overwhelming."

### Mary Giri

Mary Giri in Palai has moved to Mary Giri in Kottayam, the reason being that the house in Palai was too small to accommodate the new candidates, and as building could not be started for another year or so, larger quarters had to be sought elsewhere. Through the kindness of His Excellency, Bishop Kalacherry, the Sisters now occupy the former "petit seminary" which was moved to Changancherry.

Sister Pauline tells all about the exodus: "On December 14th we moved here from Palai. We had to get up at three-thirty in the morning in order to be moved out by day break. It was unfortunate that we had to leave in such a way, but the people were so opposed to our going, that it had to be. Although we told them we would come back, it was no use.

"Our new home is nice and spacious. In the main building is a class room, community room, Sister Vincent's room, my room, a small office, sewing room, store room, refectory and kitchen. In a separate building there are sleeping accommodations for twenty five and a room for guests. Six of the candidates will finish their training course at Holy Family Hospital at the end of March, so with the two postulants who are here now, they will receive the habit.

---

*A NEW HOSPITAL IN RAWALPINDI IS STILL OUR GREATEST NEED.*

*YOUR LENTEN OFFERING WILL HELP US BUILD. WILL YOU GIVE?*

# *Towards True Happiness*

*Deal thy bread to the hungry and bring the needy and the harborless into thy house: when thou shalt see one naked, cover him and despise not thy own flesh.*

*Then shall thy light break forth as the morning, and thy health shall speedily arise, and thy justice shall go before thy face, and the glory of the Lord shall gather thee up.*

*Then shalt thou call, and the Lord shall hear; thou shalt cry, and he shall say: Here I am. Because I the Lord thy God am merciful. Isaias lviii:1-9.*